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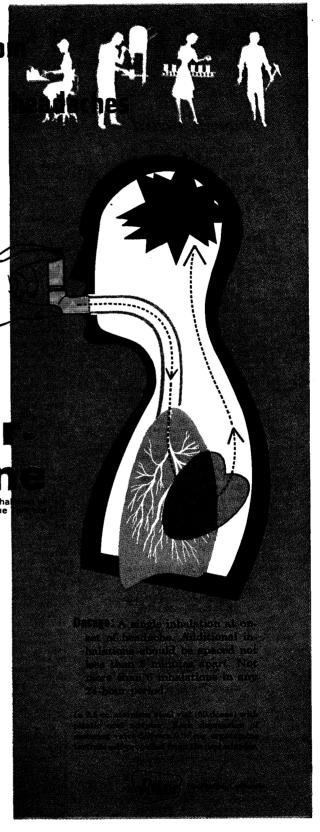
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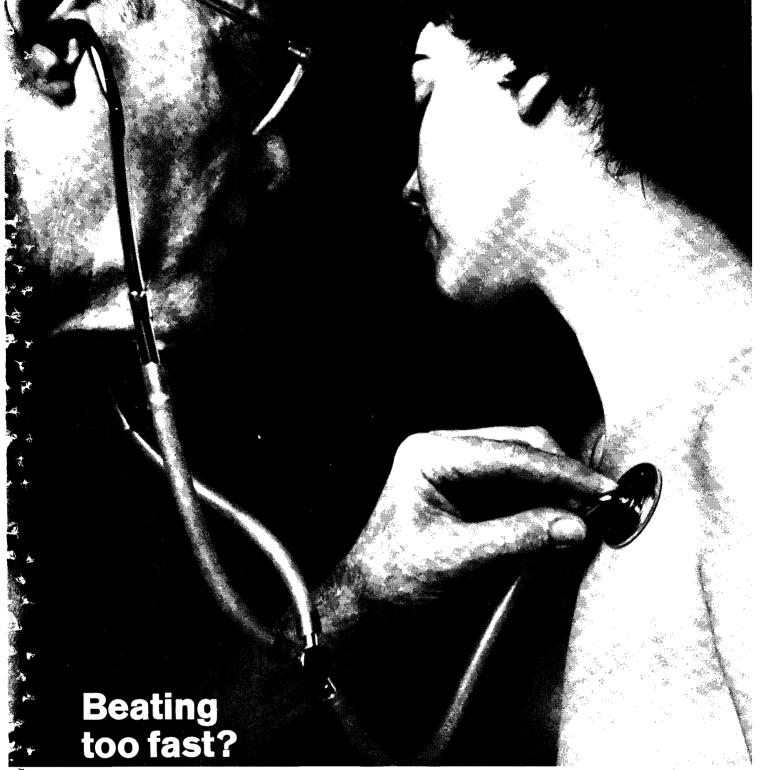
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INDEX TO CALIFORNIA MEDICINE ADVERTISERS

Abbott Laboratories	Knoll Pharmaceutical Co.	Rorer, Inc., William H.
Gerilets/PlacidylInsert 60-61	Quadrinal45	Maalox84
Alexander Sanitarium, Inc78		
Ames Company, Inc. Dechotyl48	Lady Lois Ice Cream	Sanborn Company
Armour Pharmaceutical Co.	Diabetic-Dietetic91	Medical Equipment38
Thyroid31	Lawton School22	Schering Corporation
Ascher & Co., Inc., B. F.	Lederle Laboratories	Rela71
Convertin-H 3	Bamadex	Searle & Co., G. D.
D T D	Kynex63	Aldactone59
Baxter, Inc., Don Peritoneal Dialysis System,	Neo-Aristoderm Foam16, 17	Smith-Dorsey
and AmigenInsert 76-77	Lilly and Company, Eli	Kanulase47
Breon & Co., George A.	Darvo-Tran58	Triaminic10, 11
Bronkotabs56		Smith Kline & French
Lanesta Gel50	Medical Protective Co., The18	Laboratories
Bristol Laboratories, Inc. Kantrex68, 69	•	Compazine 42 Dexedrine/Dexamyl 13
Syncillin20, 21	Merck Sharp & Dohme	Thorazine77
Tetrex39	Cremomycin25 DecadronInside Front Cover	Squibb
Burroughs Wellcome & Co.	Redisol66	Chemipen85
'Sporin'12	Tetravax51	Stacey's
		Medical and Technical Books 3
California Physicians' Service 7	Obetrol Pharmaceuticals	
California State Personnel	Obetrol Tablets76	Stuart Company, The
Board46	Ortho Pharmaceutical Corp.	Stuart Formula24
Ciba Pharmaceutical Products Serpasil 9	Ortho Gynol33	
Serpasil- $Esidrix$ 43	Sporostacin57	Testagar & Co., Inc.
Singoserp74		Timed AMOdex Capsule70
Classified Advertisements86, 91		_
Coca-Cola14	Parke, Davis & Company Chloromycetin52, 53	Tidi Products Professional Papers44
Compton Sanitarium44	Humatin80, 81	
Cook County Graduate School of Medicine32	Pfizer Laboratories	Tutag & Co., S. J.
Cummings & Norton, Inc.	Niamid92	Prenalin-O78
Travel Agency 7		Twin Pines Neuropsychiatric
Cutter Laboratories	Physicians Casualty & Health Assns91	Sanitarium82
Adult Dip-TetBack Cover		
	Pitman-Moore Co. Novahistine Singlet27	Wallace Laboratories
Desitin Chemical Co.	1400anistine Bingtet21	Deprol88, 89
Desitin Ointment26		Meprospan41
Devereux Schools34	Raleigh Hills Sanitarium82	Milpath 83 Miltown 28, 29
Doctors Business Bureau44	Riker Laboratories	Soma54, 55
	Disipal62	Warren-Teed Products Co., The
Eaton Laboratories	$Medihaler ext{-}Ergotamine 1$	Ilopan67
<i>Tricofuron</i> 19	NorflexThird Cover	Wesson Oil & Snowdrift
•	Robins Company, Inc., A. H.	Sales Co.
Geigy Pharmaceuticals	Ambar/DimetaneInsert 48-49 Dimetane49	Wesson Oil64, 65
Preludin75	Donnazyme23	Westwood Pharmaceuticals
Greens' Eye Hospital18	Robaxisal72, 73	Fostex35
· -	Roche Laboratories	
Irwin, Neisler & Co. Unitensen36, 37	Vi-Penta79	Winthrop Laboratories TrancopalInsert 32-33
C 1000010010	Roerig & Co., J. B.	1 Tumoputnsert 32-33
To show Mikeball	Allercur61	Witter & Co., Dean
Jackson-Mitchell Pharmaceuticals, Inc.	Antivert	Financial60
Meyenberg Goat Milk40	Maxipen90	Woodside Acres Hospital22



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2. Smith, J. G., Jr.; Zawisza, R. J., and Blank, H.: A.M.A. Arch. Dermat. 78:643 (Nov.) 1958.



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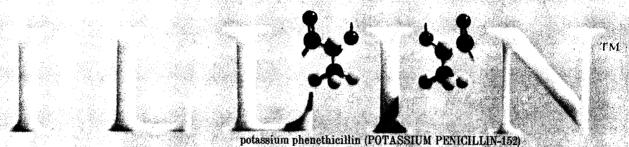
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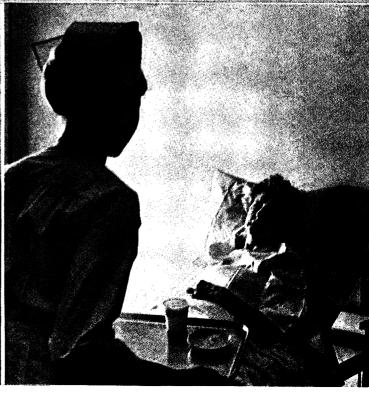
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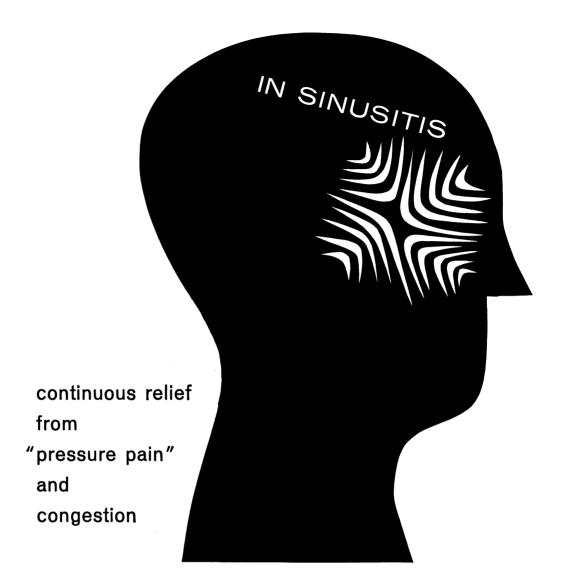
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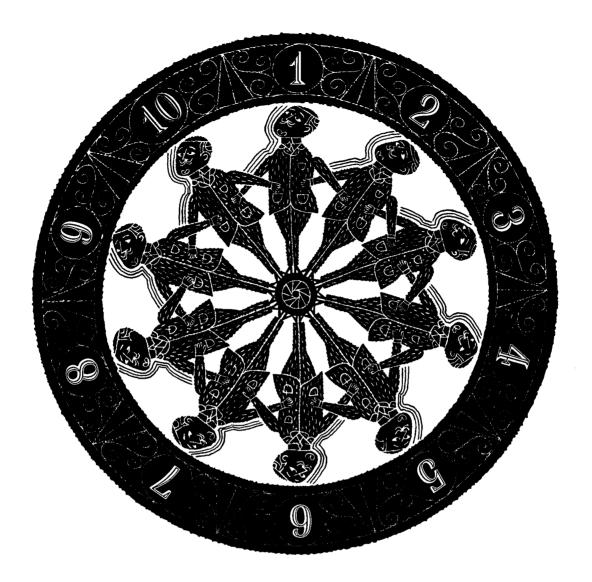
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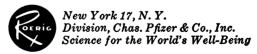
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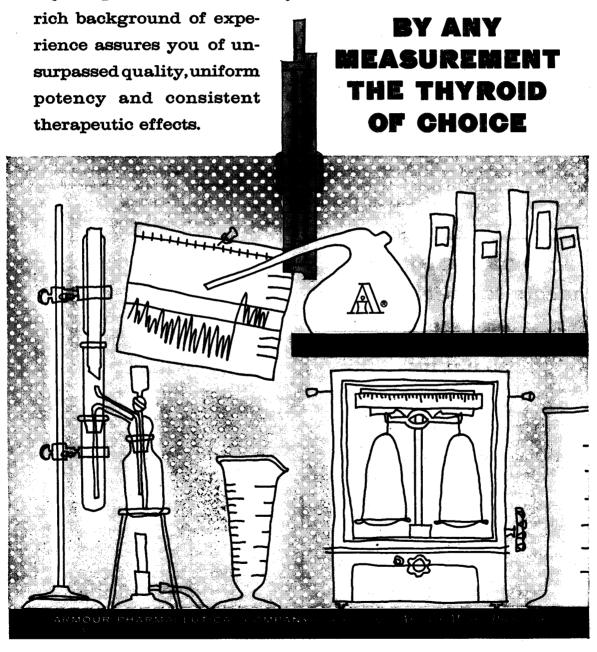
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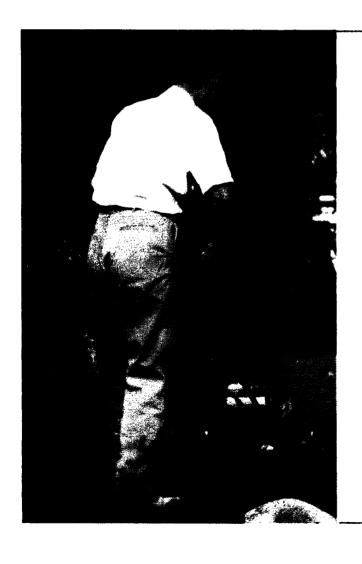
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Lichtman^{1,2} used Trancopal to treat patients with low back pain, stiff neck, bursitis, rheumatoid arthritis, osteoarthritis, trauma and postoperative muscle spasm. He noted that Trancopal brought satisfactory relief to 817 of 879 patients (excellent in 268, good in 448, fair in 101). "Chlormethazanone [Trancopal] not only relieved painful muscle spasm, but allowed the patients to resume their normal activities with no interference in performance of either manual or intellectual tasks."

Gruenberg³ also prescribed Trancopal for 70 patients with low back pain and observed that it brought marked improvement to all of them. "In addition to relieving spasm and pain, with subsequent improvement in movement and function, Trancopal reduced restlessness and irritability in a number of patients." In another series of 193 patients Kearney obtained relief with Trancopal in 181 patients suffering from low back pain and other forms of musculoskeletal spasm.

Trancopal enables the anxious patient to work or play. According to Gruenberg, "In addition to relieving muscle spasm in a variety of musculoskeletal and neurologic conditions, Trancopal also exerts a marked tranquilizing action in anxiety and tension states."8 Lichtman¹ found that his patients in anxiety and tension states "... were in many instances able to continue their normal activities where previously they had been considerably restricted in their activities." "... Trancopal is the most effective oral skeletal muscle relaxant and mild tranquilizer currently available." (Kearney)4

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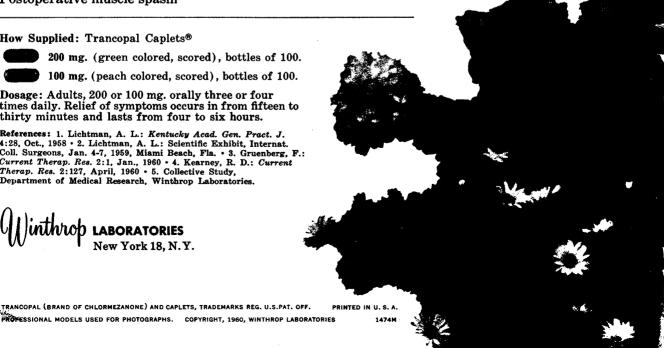
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100 mg. (peach colored, scored), bottles of 100.

Dosage: Adults, 200 or 100 mg. orally three or four times daily. Relief of symptoms occurs in from fifteen to thirty minutes and lasts from four to six hours.

References: 1. Lichtman, A. L.: Kentucky Acad. Gen. Pract. J. 4:28, Oct., 1958 • 2. Lichtman, A. L.: Rentucky Acad. Gen. Pract. J. 4:28, Oct., 1958 • 2. Lichtman, A. L.: Scientific Exhibit, Internat. Coll. Surgeons, Jan. 4-7, 1959, Miami Beach, Fla. • 3. Gruenberg, F.: Current Therap. Res. 2:1, Jan., 1960 • 4. Kearney, R. D.: Current Therap. Res. 2:127, April, 1960 • 5. Collective Study, Department of Medical Research, Winthrop Laboratories.





while they are planning their family

they need your help more than ever



the most widely prescribed contraceptive

WHENEVER A DIAPHRAGM IS INDICATED



completely emulsifies and washes off excess oil from the skin. penetrates and softens comedones, unblocks pores and facilitates removal of sebum plugs. removes papule coverings and permits drainage of sebaceous glands.

Patients like Fostex because it is so easy to use. They simply wash acne skin 2 to 4 times a day with Fostex Cream or Fostex Cake, instead of using soap.

Fostex contains Sebulytic®,* a combination of surface-active wetting agents with remarkable antiseborrheic, keratolytic and antibacterial actions...enhanced by sulfur 2%, salicylic acid 2%, and hexachlorophene 1%.

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

Fostex is available in two forms—



FOSTEX CREAM, in 4.5 oz. jars. **FOSTEX CAKE,** in bar form.

Fostex Cream and Fostex Cake are interchangeable for the rapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake.

Fostex Cream is also used as a therapeutic shampoo in dandruff and oily scalp.

Write for samples.

WESTWOOD PHARMACEUTICALS • Buffalo 13, New York

INCREASED LIFE EXPECTANCY FOR HYPERTENSIVES

"Life expectancy seems to be the one criterion that is most reliable and least questioned as a method of evaluating treatment for patients with elevated blood pressure." I "It is evident that effective therapy of hypertension will prolong the life of the patient by preventing the dreaded complications of this disease in the brain, the heart and the kidneys." "There is no doubt of the prolongation of life in group 3 and 4 (Keith-Wagener-Barker) by adequate antihypertensive treatment. Some authorities report a 50 per cent, five year survival ratio for treated patients with malignant hypertension as against a 1 per cent survival ratio for untreated patients."

Evaluation based on life expectancy is extremely difficult because of the peril of maintaining an untreated control group.¹ The doctor, however, can evaluate the symptoms related to the elevated blood pressure. . . . We know that retinopathy may improve, the heart may be reduced in size, the electrocardiogram may improve and in favorable cases the blood urea nitrogen level may fall.² These are reasonably objective criteria on which to base one's evaluation of treatment.¹

On the succeeding page is evidence that Unitensen included in any therapeutic regimen may improve the results in hypertension as measured by a regression of objective clinical changes in a substantial proportion of the patients treated.

Currens, J. H.: New England J. Med. 261:1062, 1959.
 Waldman, S., and Pelner, L.: Am. Pract. & Digest. Treat. 10:1139, 1959.
 Cohen, B. M.: paper presented at A.M.A. Convention, June, 1958.
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 Kirkendall, W. J.: J. lowa M. Soc. 47:300, 1957.
 Cherny, W. B., et al.: Obst. & Gynec. 9:515, 1957.
 Rocall, M. L., et al.: Obst. & Gynec. 6:297, 1955.
 McCall, M. L., et al.: Obst. & Gynec. 6:297, 1955.
 Finnerty, F. A.: Am. J. Med. 17:629, 1954.

Unlike diuretics or ganglionic blocking agents, Unitensen lowers blood pressure through widespread vasorelaxation. Normal vasomotor responses are not altered, and there is no venous pooling with resulting postural hypotension.³⁻⁵ Through alleviation of cerebral vasospasm, Unitensen promotes cerebral blood flow and oxygen utilization.⁶⁻⁹ Furthermore, Unitensen increases cardiac efficiency, improves renal function and tends to arrest the progress of vascular damage.^{3, 4, 10}

Progress of Objective and Subjective Symptoms in Grades III and IV Hypertension Following Treatment with Unitensen and Unitensen-R

Observations in Patients* Treated up to 2 Years

Observations in Patients* Treated up to 31/2 Years

The Course of Subjective Symptoms

Symptom	Number**	Improved	% Improved
Headache	27	21	77.7
Palpitation	20	13	65.0
Angina	15	9	60.0
Dyspnea	17	8	47.0

Number**	Improved	% Improved
43	38	88.0
29	19	65.5
21	16	76.0
27	14	51.0

Objective Changes Following Treatment

		<u> </u>	otivo onango
Finding	Number**	Improved	% Improved
Funduscopic Changes	41	24	58.5
Enlarged Heart	20	13	65.0
Abnormal EC	G 37	10	27.0
Proteinuria	31	12	38.7
Nitrogen Retention	17	6	35.2

Number**	Improved	% Improved
59	38	66.0
35	23	65.7
45	25	55.5
43	27	62.7
28	10	35.7

Left hand charts from Clinical Exhibit "The Ambulatory Patient with Hypertension" presented AMA Convention, San Francisco, June 22-27, 1958, by B. M. Cohen, M.D.

- *All patients in this study were initially classified as Smithwick Grades III and IV.
- **Expressed as the number of patients exhibiting the symptom recorded.

Right hand charts include patients previously reported who had been continuously maintained on Unitensen and Unitensen-R, plus additional patients later added to the study. From Clinical Exhibit "The Office Diagnosis and Treatment of the Patient with Hypertension" presented American Academy of General Practice, Indianapolis, March 18-19, 1959, by B. M. Cohen, M.D.

UNITENSEN®

Each tablet contains: Cryptenamine (tannates) 2.0 mg.

UNITENSEN-PHEN®

Each tablet contains: Cryptenamine (tannates) 1.0 mg., Phenobarbital 15 mg.

UNITENSEN-R®

Each tablet contains: Cryptenamine (tannates) 1.0 mg., Reserpine 0.1 mg.

UNITENSEN® AQUEOUS

Each cc. contains: 2.0 mg. cryptenamine (acetates) in isotonic saline



Why not just one "all-purpose" electrocardiograph — for house calls...office use with a choice of chart speeds, sensitivities, recording capabilities... mobile "heart station" use in clinics and hospitals? Because each need calls for specific, individual instrument characteristics — as found in these three Sanborn electrocardiographs.

The Sanborn Model 300 Visette weighs only 18 pounds, is as small as a brief case, has rugged, largely transistorized circuitry. The Model 100 Viso-Cardiette is also portable, but expressly designed for use where the versatility of two chart speeds, three sensitivities, and provision for monitoring and other types of recording are desired. The third Sanborn instrument is the Model 100M "Mobile Viso" — identical in circuitry to the 100, but in a mobile cabinet of either mahogany or rugged, stain-resistant plastic laminate.

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1. Rein, C. R., and Fleischmajer, R.: The efficacy of tetracycline phosphate complex (TETREX) in dermatological therapy. Antibiotic Med. & Clin. Ther. 4:422 (July) 1957.

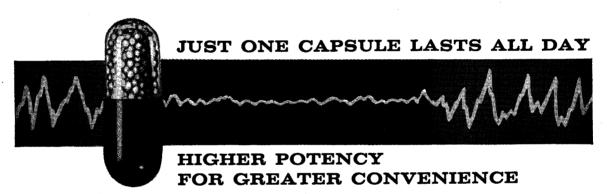


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- does not impair mental efficiency, motor control, or normal behavior

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Available: Meprospan-400, each blue capsule contains 400 mg. Miltown (meprobamate)

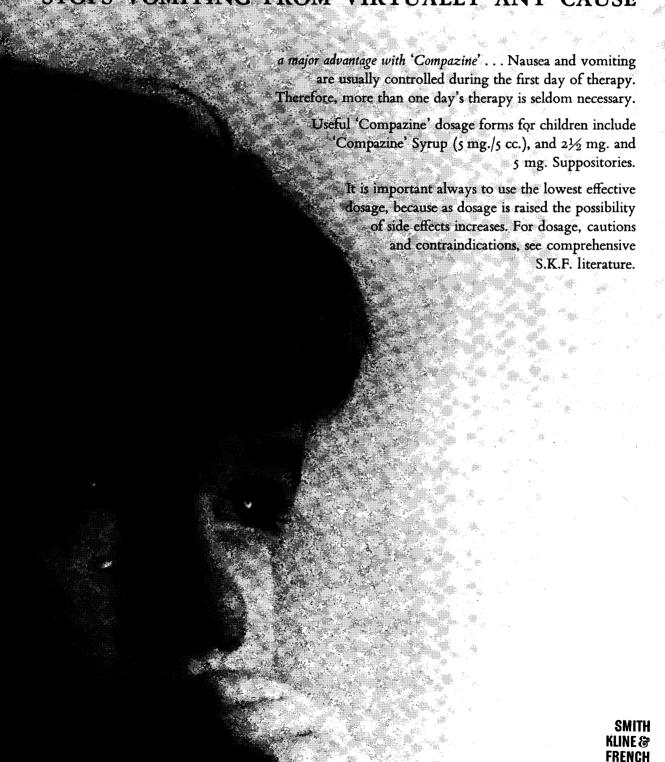
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In chronic disorders associated with obstructed respiration, the Veneridable antisposition and expected it action of Quadrinal Tapidly clears, the Droppilatives Patients breaths more easily and action of process of the Chronic Committee of the Ch

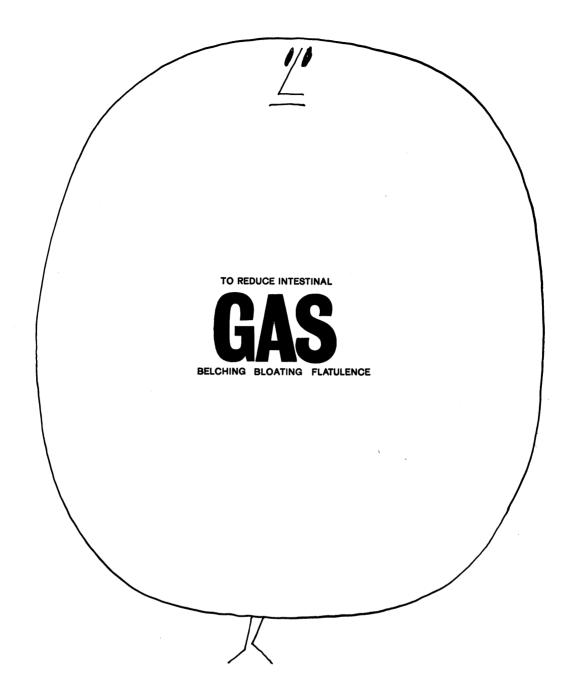
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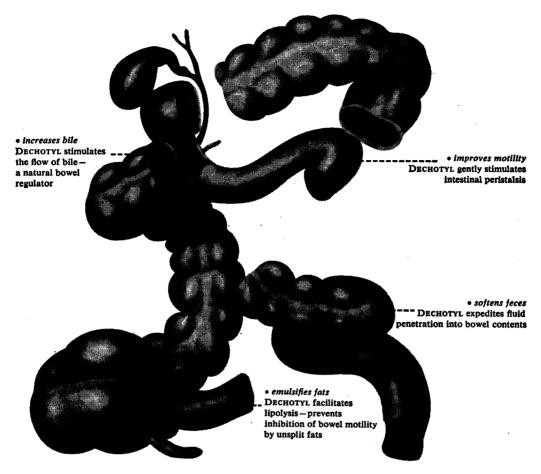


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Each Kanulase tablet contains Dorase;
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well tolerated...gentle transition to normal bowel function



Recommended to help convert the patient—naturally and gradually—to healthy bowel habits. Regimens of one week or more are suggested to assure maintenance of normal rhythm and to avoid the repetition of either laxative abuse or constipation.

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DRUGS J.A.M.A. 170:194, 1959 "...a high order of antihistaminic effectiveness and a low incidence of side effects." SIDE REACTIONS AS FEW AS PLACEBO / NEW ENGLAND J. MED. 261:478, 1959 (Schiller, I. W., and Lowell, F. C.) "In contrast to the frequency of central-nervous-system-stimulating or sedative effects produced by chlorprophenpyridamine was the virtual freedom from these relatively disagreeable effects. ... Side effects in patients taking placebo were as frequent as those seen with parabromdylamine (Dimetane)."

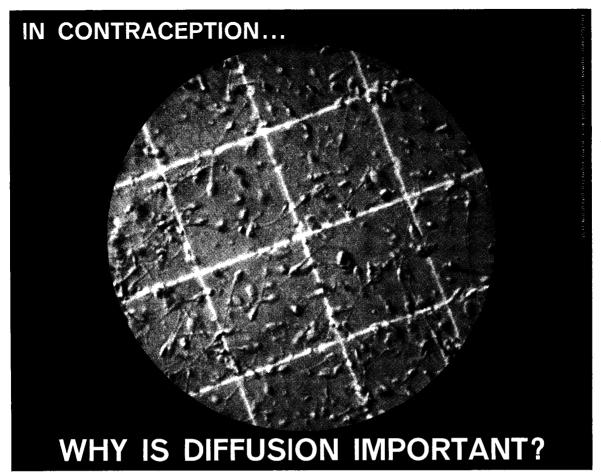
NO PENALTY FOR ANTIALLERGIC POTENCY / ANNALS OF ALLERGY 17:19, 1959 (Lipman, W. H.) ". . . proved to be the safest antihistaminic agent that we have used in the treatment of disturbances due to allergies."

EXCELLENT PATIENT RESPONSE EVEN IN THOSE INTOLERANT OF OTHER ANTIHISTAMINES / ANNALS OF ALLERGY 16:128, 1958 (Thomas, J. W.) ". . . according to the patients' statements, this drug was found superior to previous antihistaminic therapy . . . in certain instances patients who were not able to tolerate other antihistamines tolerated Dimetane and obtained a satisfactory response."

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Your literature search would turn up many more references to Dimetane than space here permits. There are papers from distinguished medical centers, investigators, specialists and general practitioners describing the safe efficacy—the easy practicality—of Dimetane in urticaria, allergic rhinitis, eczema, hives, and in almost the entire range of common allergies. Reprints are available. **SUPPLIED:** ORAL: Tablets (4 mg.) or Extentabs® (12 mg.), bottles of 100, 500. Elixir (2 mg./5 cc.), bottles of 1 pint. INJECTABLE: Dimetane-Ten (10 mg./cc.) in 1 cc. ampuls, boxes of 6. Dimetane-100 (100 mg./cc.), 2 cc. size multiple dose vials in boxes of 1.





Because the active ingredients of a spermicidal preparation must diffuse rapidly into the seminal clot and throughout the vaginal canal to be clinically effective. Lanesta Gel offers this dual protection. Its four spermicidal agents quickly invade the clot to stop the main body of sperm. It spreads evenly and quickly throughout the vaginal canal-seeks out every wrinkle and fold that may offer concealment to sperm. With this rapid diffusion, your patient receives full benefit of the swift spermicidal action of Lanesta Gel - in minutes — a decisive measure in conception control.

In Lanesta Gel 7-chloro-4-indanol, a new, effective, nonirritating, nonallergenic spermicide, produces immediate immobilization of spermatozoa in dilution

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of up to 1:4,000. The addition of 10 per cent NaCl in ionic form greatly accelerates spermicidal action. Ricinoleic acid facilitates rapid inactivation and immobilization of spermatozoa and sodium lauryl sulfate acts as a dispersing agent and spermicidal detergent.

Lanesta Gel with a diaphragm provides one of the

most effective means of conception control. However, whether used with or without a diaphragm, the patient and you, doctor, can be certain that Lanesta Gel provides faster spermicidal action - plus essential diffusion and retention of the spermicidal agents in a position where they can act upon the spermatozoa.



Supplied: Lanesta Exquiset® . . . with diaphragm of prescribed size and type; universal introducer; Lanesta Gel, 3 oz. tube, with easy clean applicator, in an attractive purse. Lanesta Gel, 3 oz. tube with applicator; 3 oz. refill tube - available at all pharmacies.

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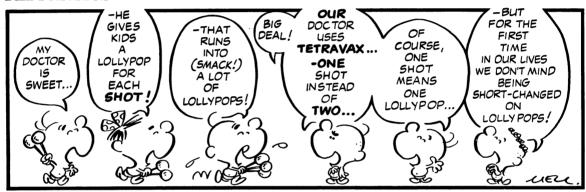
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DIPHTHERIA AND TETANUS TOXOIDS WITH PERTUSSIS AND POLIOMYELITIS VACCINES

now you can immunize against more diseases...with fewer injections

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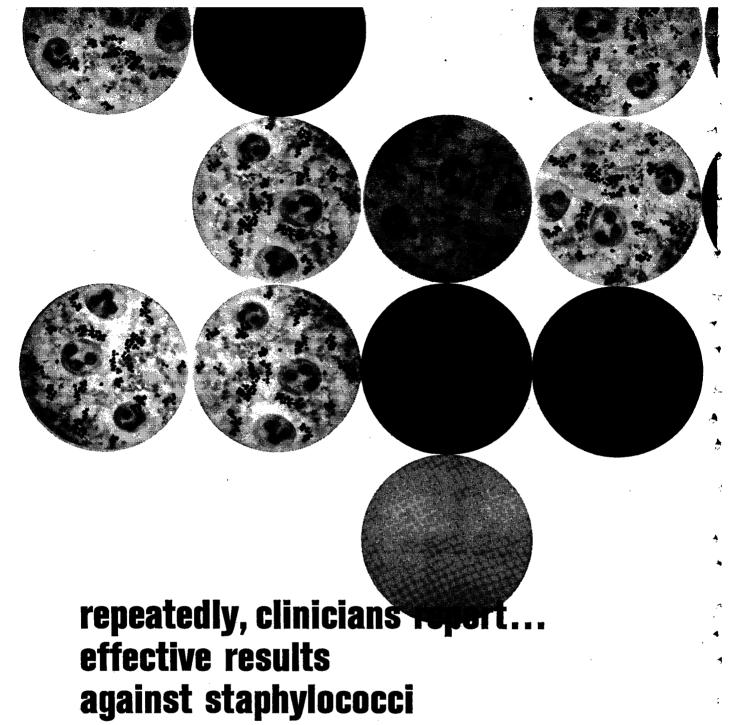
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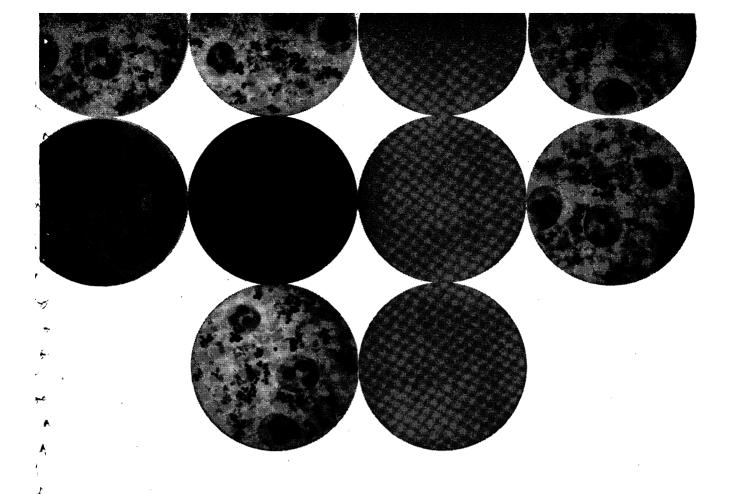


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- "Emergence of staphylococci resistant to chloramphenicol has rarely occurred since the development of this drug, except in an occasional clinic where it has had wide use in a closed population."²
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CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapseals® of 250 mg., in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeautic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

References: (1) Finland, M.; Jones, W. F., Jr., & Bennett, I. L., Jr.: Arch. Int. Med. 104:365, 1959. (2) Welch, H., in Welch, H., & Finland, M.: Antibiotic Therapy for Staphylococcal Diseases, New York, Medical Encyclopedia, Inc., 1959, p. 16. (3) Nichols, D. R., & Martin, W. J.: Surg. Gynec. & Obst. 107:523, 1958. (4) Knight, I. C. S., & Nolan, B.: Brit. M. J. 1:1224, 1959.



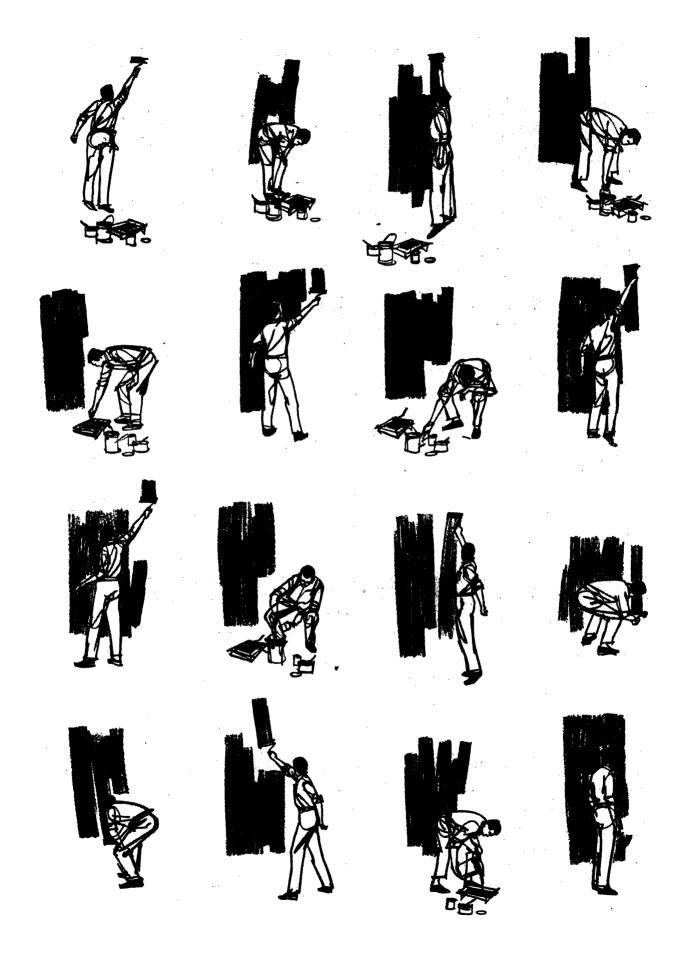
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TO CHLOROMYCETIN AND TO THREE OTHER ANTIBIOTICS*

99% CHLOROMYCETIN
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Staphylococcus aureus, coagulase-positive, was isolated in pure culture from 99 of 100 consecutive cases of puerperal breast abscess requiring surgical treatment.

^{*}Adapted from Knight & Nolan*





when that early Monday morning telephone call is from a weekend do-it-yourselfer

"... and this morning, Doctor, my back is so stiff and sore I can hardly move."

now...there is a way to prompt, dependable relief of back distress

the pain goes while the muscle relaxes

POTENT - rapid relief in acute conditions

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notable safety—extremely low toxicity; no known contraindications; side effects are rare; drowsiness may occur, usually at higher dosages

rapid action, sustained effect - starts to act quickly, relief lasts up to 6 hours

easy to use -usual adult dosage is one 350 mg. tablet 3 times daily and at bedtime

supplied — as 350 mg., white, coated tablets, bottles of 50; also available for pediatric use: 250 mg., orange capsules, bottles of 50

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For demonstrably greater relief in asthma¹

BRONKOTABS®

GUEARS the bronchial tree of thick mucus and DULATES the bronchioles

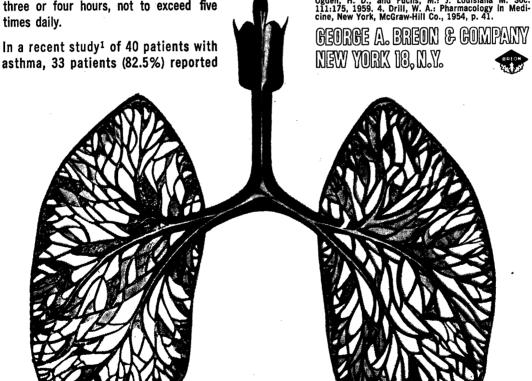
Bronkotabs is more effective because it is more comprehensive in treatment. First, Bronkotabs dilates bronchioles, combats local edema and provides mild sedation.

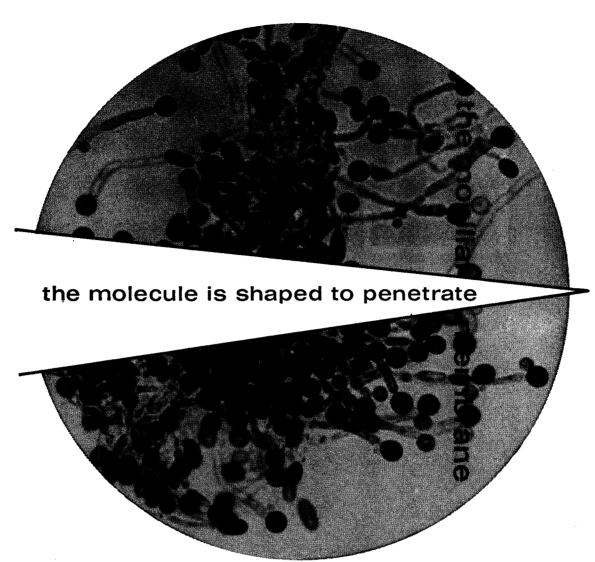
In addition, Bronkotabs decongests, using a most effective expectorant (glyceryl guaiacolate)² to liquefy and help expel the thick, tenacious mucus which is the cause of much of the respiratory distress in chronic asthma.³ Since asthma is a chronic allergic disease of the bronchial tree,³ Bronkotabs also supplies a highly efficient anti-histamine (thenyldiamine) for prophylactic maintenance.⁴ Marked and consistent relief of symptoms with minimum side effects can be expected with a dose of one tablet every three or four hours, not to exceed five

Bronkotabs brought fair to good relief from asthmatic symptoms. Asthma relief was expressed by ease of expectoration of secretions, reduction of bronchospasm, and increased vital capacity. "The combination of drugs used in... [BRONKOTABS]... gave greater relief in these patients than the conventionally used tablet [ephedrine, theophylline, phenobarbital]..."

BRONKOTABS DOES MORE FOR THE ASTHMATIC BECAUSE IT IS MORE COMPREHENSIVE IN ACTION. Each tablet contains: Theophylline 100 mg.; Ephedrine Sulfate 24 mg.; Phenobarbital 8 mg.; Thenyldiamine HCl 10 mg. and Glyceryl Guaiacolate 100 mg.
Supplied: bottles of 100 white scored tablets.

References: 1. Spielman, A. D.: In press. 2. Schwartz, E., et al.: Am. Pract. & Digest Treat. 7:585, 1956. 3. Ogden, H. D., and Fuchs, M.: J. Louislana M. Soc. 111:175, 1959. 4. Drill, W. A.: Pharmacology in Medicine, New York, McGraw-Hill Co., 1954, p. 41.

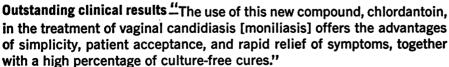


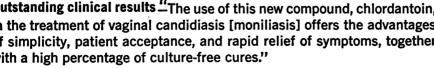


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chemically different, non-staining, "shaped charge" monilicide soothing, odorless, white

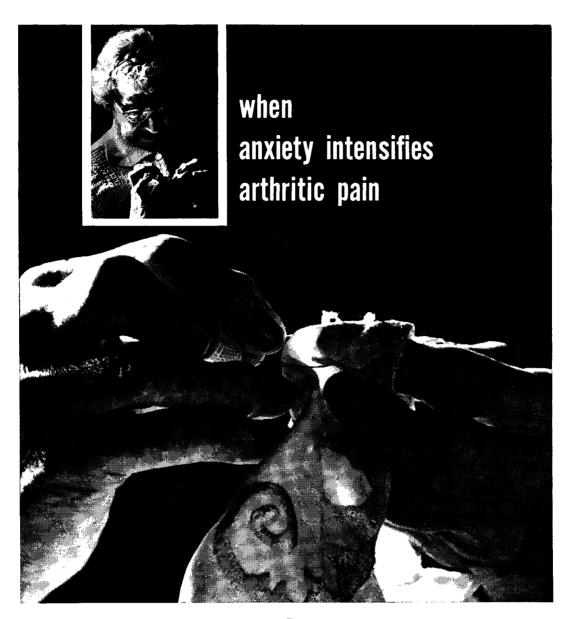
Exceptional fungicidal activity - The unique "shaped charge" molecular structure of the active agent in SPOROSTACIN Cream facilitates penetration of the fatty barrier of the fungous cell membrane for exceptional fungicidal activity.





Outstanding clinical results "The use of this new compound, chlordantoin,

Lapan, B.: Am. J. Obst. & Gynec. 78:1320, 1959.



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Effective analgesia plus safe relief of mild anxiety helps combat the painanxiety spiral. In Darvo-Tran, the tranquilizing properties of Ultran® are added to the established analgesic effects of Darvon® and the anti-inflammatory benefits of A.S.A.®. Clinical and pharmacologic studies have shown that when pain is accompanied by anxiety, the addition of Ultran enhances and prolongs the analgesic effects of Darvon.



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Darvon 32 mg. —to raise pain threshold

A.S.A., , , , 325 mg.—to reduce inflammation

Ultran. 150 mg.—TO RELIEVE ANXIETY

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10th ANNIVERSARY

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SACRAMENTO VALLEY COUNTIES

Presented cooperatively by California Medical Association Committee on Postgraduate Activities, Sacramento Valley County Medical Societies and University of California School of Medicine, Los Angeles.

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July 1 and 2, 1960

PROGRAM_

FRIDAY MORNING, JULY 1

Pediatrics

The Physician's Role in School Failure

9:30—Three Orientation Lectures:

Physical Problems Interfering with School Achievement—John M. Adams, M.D.

Emotional Disturbances in the Learning Process
—Justin D. Call, M.D.

Intellectual Factors in School Performance—Alexander C. Rosen, Ph.D.

11:00—Three Pediatric Panels—You may go to the one of your choice.

Panel 1—Emotional Disturbances—A Discussion of the Shy Child and the Rebellious Child.

Panel 2-Physical Handicaps of the School Child.

Panel 3—The Application of Psychological Tests
—Further Discussion of the Problems of Learning.

FRIDAY AFTERNOON, JULY 1

Medicine

The Penalties of Executive Competition

2:00—Three Orientation Lectures:

Physical Effects of Competition—Morton H. Maxwell, M.D.

Emotional First Aid-Marvin A. Klemes, M.D.

Community and Family Repercussions—Ralph R. Greenson, M.D.

3:30—Two Medical Panels—You may go to the one of your choice.

Panel 1—Physical Problems—The Breakdown of the Response Processes.

Panel 2—Emotional Equilibrium — Factors That Influence Emotional Stability.

7:00-No-Host Cocktail Party.

8:00—Dinner and Professional Entertainment. Informal Dancing to follow.

SATURDAY MORNING, JULY 2 Clinical Pathological Conferences

CHARLES M. BLUMENFELD, M.D., Moderator

9:30—Pediatric Case Presentation—Dennis N. Marks, M.D., John M. Adams, M.D.

10:30—General Medical Case—John B. Reardan, M.D., Morton H. Maxwell, M.D.

11:30—Obstetrical Gynecological Presentation — J. George Moore, M.D., John I. Davis, M.D.

SATURDAY AFTERNOON, JULY 2

Office Surgery

2:00—Three Orientation Lectures:

Primary Treatment of Acute Hand Injury—Franklin L. Ashley, M.D.

Sprains and Fractures—Charles O. Bechtol, M.D.

The Control of Itching-Paul Le Van, M.D.

3:30—Three Medical Panels—You may go to the one of your choice.

Panel 1-Lacerations and Trauma.

Panel 2—Common Athletic Injuries.

Panel 3-Skin Tumors.

HOST: Sacramento Society for Medical Improvement . . . REGIONAL CHAIRMAN: Herbert W. Korngold, M.D., 1217 30th Street, Sacramento, California . . . INSTITUTE FEE: \$15.00. For additional information, contact Post-graduate Activities office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. All California Medical Association members and their families are cordially invited to attend.

- Advance Seminar in Internal Medicine. Wednesday through Sunday, July 20 through 24. University of California Residential Conference Center, Lake Arrowhead. Eighteen hours. Fee: \$150.00 (including room and meals).
- Dermatologic Therapy. Monday and Tuesday, July 25 and 26. Twelve hours. Fee: \$40.00.
- Advanced Seminars in Dermatology (for Dermatologists). Wednesday through Sunday, July 27 through 31. University of California Residential Conference Center, Lake Arrowhead. Fourteen and one-half hours. Fee: \$150.00 (including room and meals).
- Anesthesia for Special Procedures. Wednesday, Thursday and Friday, August 3, 4 and 5. Eighteen hours. Fee: \$60.00.
- Arthritis and Rheumatism. Wednesday and Thursday, August 17 and 18; Twelve hours.*
- Obstetrical Procedures and Complications. Friday and Saturday, August 26 and 27. Twelve hours. Fee: \$50.00 (includes two luncheons).
- Fetal Electrocardiography. Sunday, August 28. Seven hours. Fee: \$20.00.

For Ancillary Personnel

- The College Nurse: New Concepts in Her Profession. Friday and Saturday, June 17 and 18. Sixteen hours. Fee: \$20.00.
- 9th Annual Symposium in Clinical Laboratory Technology. Saturday and Sunday, June 18 and 19. Sixteen hours. Fee: \$20.00.

Workshops for School Nurses:

- Riverside, Tuesday through Saturday, June 21 through 25. Forty-five hours. Fee: \$40.00.
- Los Angeles, Tuesday through Saturday, July 5 through 9. Forty-five hours. Fee: \$40.00.
- San Diego, Wednesday through Sunday, July 13 through 17. Forty-five hours. Fee: \$40.00.
- Methods in Determining Course Content and Collection of Clinical Experiences in Maternal and Child Health Nursing. Monday through Friday, July 11 through 22. Sixty hours. Fee: \$60.00.
- Cardiac Workshop: Nursing Care of the Cardiac Patient Who Undergoes Surgical Intervention. Monday through Friday, July 25 through August 12. Seventy-five hours. Fee: \$90.00.
- Contact: Thomas H. Sternberg, M.D., assistant dean for Continuing Medical Education, U.C.L.A. Medical Center, Los Angeles 24. BRadshaw 2-8911, Ext. 7114.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

- Crisis: The Recognition and Management of Emotional Responses to Critical Situations. Thursday through Saturday, June 16 through 18. Twenty-one hours. Fee: \$10.00.
- Obstetrics and Gynecology. Thursday to Saturday, September 15 to 17. Twenty-one hours. Fee: \$50.00.
- A Course in Industrial Medicine. Monday through Wednesday, September 12 through 14. Twenty-one hours.*
- *Fees to be announced.

- Advances in Surgical Anatomy, Normal Anatomy and Histology of the Eye. Thursday through Saturday, September 22 through 24. Twenty-one hours.*
- Internal Medicine. Wednesday through Sunday, September 28 through October 2. Thirty-five hours.*
- Surgery, Franklin Hospital. Saturday and Sunday, October 8 and 9. Fourteen hours.*
- Dermatology. Friday and Saturday. October 14 and 15. Fourteen hours.*
- Advances in Ophthalmic and General Pathology.
 Thursday through Saturday, November 3 through 5.
 Twenty-one hours.*
- Psychologic Problems of Medical Practice. Friday through Sunday, November 11 through 13. Twenty-one hours.*
- Symposium on Ear-Nose-Throat Problems in Children, Children's Hospital. Saturday, November 19. Seven hours. Fee: \$12.50.
- A Course in Ophthalmology. Thursday through Saturday, December 1 through 3. Twenty-one hours. Fee: \$12.50.
- Symposium on Eye Problems in Children, Children's Hospital. Saturday, January 14. Seven hours. Fee: \$12.50.
- Symposium on Perinatal Problems, Children's Hospital. Saturday, March 11. Seven hours. Fee: \$12.50.
- Fundamental Practices of Radioactivity and the Diagnostic and Therapeutic Uses of Radioisotopes.

 Two or three month course limited to one enrollee per month. Fee: \$350.00.

For Ancillary Personnel

- Integration of Psychiatric Principles in the Total Curriculum. Tuesday to Friday, July 5 to August 12. Fee: \$100.00.
- Cancer Nursing. Wednesday through Friday, August 10 through 12.*
- Nursing and People. Monday through Friday, August 15 through 26. Fee: \$30.00.
- Continuing Education Conference Series. Tuesday through Friday, September 6 through 16.*
- Administration of Nursing Care. Tuesdays, September 13 through December 13. Fee: \$45.00.
- Nutritional Aspects of Nursing Care. September 21 through November 9.*
- Contact: Seymour M. Farber, M.D., assistant dean, Department of Continuing Medical Education, University of California Medical Center, San Francisco 22. MOntrose 4-3600, Ext. 665.

STANFORD HOSPITAL, SAN FRANCISCO (Lane Presbyterian Medical Center)

- Eye Conference. Each Monday morning.
- Didactic Course in Ophthalmology. Monday and Wednesday, 7 to 8:30 p.m.
- Postgraduate Conference, Retinal Detachment. Wednesday, Thursday and Friday, September 14, 15, 16.
- Contact: Arthur Selzer, M.D., program committee chairman, San Francisco-Stanford Hospital, Clay and Webster Sts., San Francisco 15.

UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES

- Cardiac Resuscitation. Sponsored by the Los Angeles County Heart Association each Wednesday throughout the year, 4 to 6 p.m. USC Medical Research Building, Room 211, 2025 Zonal Avenue. Residents and interns of Los Angeles County, and all armed forces medical personnel admitted without fee. Tuition for all other physicians: \$30.00. (Each session all-inclusive.)
- Basic Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Physicians may register at any time and receive all 52 issues. Fifty-two weeks. Fee: \$100.00.
- Advance Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Fifty-two issues: \$85.00. Physicians may register at any time.
- Hawaii Course: The USC School of Medicine will offer the Third Postgraduate Refresher Course to be held in Honolulu and on board the S.S. Lurline from August 4 to August 20, 1960. (As a time and money saver, round trip air travel is also possible August 4 to August 14.)
- Contact: Phil R. Manning, M.D., associate dean and director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 33. CApital 5-1511.

COLLEGE OF MEDICAL EVANGELISTS

- CLINICAL TRAINEESHIPS available in all clinical departments by arrangement with the Postgraduate Division and the chairman of the department or departments involved. Eighty hours minimum. Fee: As arranged.
 - Diseases of the Chest: Two and four-week Traineeships in cooperation with the Los Angeles County Hospital. Dates as arranged.
 - Anesthesia. Monday through Friday. Dates as arranged. Six months. Fee: \$350.
- JOINT MANIPULATION. Monday through Friday, 8:00 to 12:00, dates to be arranged. Twenty hours. Fee: \$75.00.
- Alumni Postgraduate Convention Refresher Courses, March 12 and 13, on the campus of the College of Medical Evangelists at White Memorial Hospital.
- For information contact: G. E. Norwood, M.D., assistant dean and chairman, Division of Postgraduate Medicine, College of Medical Evangelists, 1720 Brooklyn Ave., Los Angeles 33. ANgelus 9-7241, Ext. 214.

CALIFORNIA MEDICAL ASSOCIATION

POSTGRADUATE INSTITUTE—1960 (Tenth Anniversary Year)

- Sacramento Valley Counties in cooperation with UCLA School of Medicine, July 1 and 2. Tahoe Tavern, Lake Tahoe. *Chairman*: Herbert W. Korngold, M.D., 1217 30th Street, Sacramento.
- Contact: The chairmen listed above, or Postgraduate Activities Office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5.

AUDIO-DICEST FOUNDATION, a nonprofit subsidiary of the C.M.A., offers (on a subscription basis) a series of six different hour-long tape recordings covering general practice, surgery, internal medicine, obstetrics and gynecology, pediatrics and anesthesiology. Designed to keep physicians posted on what is new and important in their respective fields, these programs survey current national and international literature of interest and contain selected highlights of on-the-spot recordings of national scientific meetings, panel discussions, symposia, and individual lectures. Audio-Digest Internal Medicine will shortly be available on long-play discs, requiring only a 33 1/3 rpm phonograph to utilize the service. For information contact Mr. Claron L. Oakley, Editor, 1919 Wilshire Blvd., Los Angeles 57, HUbbard 3-3451.

Medical Dates Bulletin

AUGUST MEETINGS

- GERONTOLOGICAL SOCIETY, INC., Mark Hopkins Hotel, San Francisco. August 7 through 12. Contact: Mrs. Marjorie Adler, administrative secretary, 660 S. Kingshighway Blvd., St. Louis 10.
- RENO SURGICAL SOCIETY 10th Annual Conference. August 18, 19 and 20. The Mapes Hotel, Reno. Contact: Harry B. Gilbert, M.D., 275 Hill Street, Reno, Nevada.
- AMERICAN ASSOCIATION OF BLOOD BANKS, Jack Tar Hotel, San Francisco. August 21 through 26. Contact: John B. Alsever, M.D., secretary, 1211 W. Washington St., Phoenix. Arizona.
- AMERICAN HOSPITAL ASSOCIATION, Civic Auditorium, San Francisco. August 27 through September 1. Contact: Mr. Maurice J. Norby, assistant director, 18 E. Division St., Chicago.

SEPTEMBER MEETINGS

- Pacific Dermatologic Association Inc. 12th Annual Meeting. Empress Hotel, Victoria, British Columbia. September 2 through 4. Contact: Edward Ringrose, M.D., secretary, 2636 Telegraph Ave., Berkeley.
- OREGON STATE MEDICAL SOCIETY, Portland. September 7 through 9. Contact: Mr. Roscoe K. Miller, executive secretary, 1115 S. W. Taylor St., Portland 5, Oregon.
- NEVADA STATE MEDICAL ASSOCIATION Annual Meeting. September 7 through 10. Stardust Hotel, Las Vegas. Contact: Nelson B. Neff, executive secretary, P. O. Box 2790, Reno, Nevada.
- Postcraduate Assembly of Saint John's Hospital. September 8 through 10. 9 a.m. to 4 p.m., St. John's Hospital, Santa Monica. *Contact:* John C. Eagan, M.D., director, 1328 22nd St., Santa Monica.
- Santa Barbara County Heart Association Physicians Symposium. September 17, 9:00 a.m. to 5:00 p.m., Biltmore Hotel, Santa Barbara. Contact: E. J. Hannon, executive director, 18 La Arcada Court, Santa Barbara.
- California Society of Internal Medicine Annual Meeting, Yosemite. September 23, 24 and 25. Contact: Barbara E. Oulton, executive secretary, 350 Post St., San Francisco 8.
- Washington State Medical Association Annual Convention. September 25 through 28. Olympic Hotel, Seattle, Washington. *Contact:* R. W. Neill, executive secretary, 1309 7th Avenue, Seattle, Washington.

Pan-Pacific Surgical Association 8th Intensive Surgical Congress, embracing all Surgical Specialties. September 27 through October 5. Honolulu, Hawaii. Contact: F. J. Pinkerton, M.D., director general, Suite 230, Alexander Young Building, Honolulu 13.

OCTOBER MEETINGS

- AMERICAN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SUR-GERY. Statler Hotel, Los Angeles, October 2 through 7. Contact: Thomas R. Broadbent, M.D., secretary, 508 E. S. Temple, Salt Lake City.
- SAN DIEGO COUNTY HEART ASSOCIATION 10th Annual Symposium on Heart Disease. October 3 and 4. El Cortez Hotel. Contact: O. Martin Avison, 3545 Fourth Avenue, San Diego 3.
- AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA.
 Coronado Hotel, San Diego. October 5 through 7. Contact: William T. Fitts, Jr., M.D., secretary, 3400 Spruce St., Philadelphia 4.
- Los Angeles County Heart Association 30th Annual Professional Symposium on Cardiovascular Diseases. October 5 and 6. Beverly Hilton Hotel, Beverly Hills. Contact: Los Angeles County Heart Association, 2405 W. 8th St., Los Angeles 57.
- SAN FRANCISCO HEART ASSOCIATION 30th Annual Postgraduate Symposium on Heart Disease. October 5 through 7. St. Francis Hotel, San Francisco. *Contact:* Mr. Lawrence I. Kramer, Jr., executive director, 259 Geary St., San Francisco 2.
- WESTERN INDUSTRIAL MEDICAL ASSOCIATION combined Meeting with 4th Western Industrial Health Conference. October 7 through 9. Jack Tar Hotel, San Francisco. Contact: Verne G. Ghormley, M.D., president, 3032 Tulare Street, Fresno 21.
- AMERICAN COLLEGE OF SURGEONS, 46th Annual Clinical Congress, San Francisco. October 10 to 14. Contact: William E. Adams, M.D., secretary, 40 E. Erie St., Chicago 11.
- AMERICAN CANCER SOCIETY CALIFORNIA DIVISION Annual Meeting. October 13 through 15. Villa Hotel, San Mateo. Contact: Jane N. Lounsbury, assistant director, Field Services, 467 O'Farrell, San Francisco.
- Kaiser Foundation Hospitals in Northern California Fourth Annual Symposium on Human Genetics. October 14 and 15. Fairmont Hotel, San Francisco. *Contact:* Martin A. Shearn, M.D., Director of Medical Education, 280 West MacArthur Blvd., Oakland.
- CALIFORNIA ACADEMY OF GENERAL PRACTICE 12th Annual Scientific Assembly. October 16 through 19. Masonic

- Memorial Temple, San Francisco. Contact: William W. Rogers, executive secretary, 461 Market St., San Francisco 5.
- WESTERN ORTHOPEDIC ASSOCIATION Annual Convention. October 22 through 27. Hotel Del Coronado, Coronado. Contact: Mrs. Vi Mathieson, executive secretary, 354 21st St., Oakland 12.
- Association of State and Territorial Health Officers. Jack Tar Hotel, San Francisco. October 26 through 28. Contact: A. C. Offutt, M.D., secretary-treasurer, 1330 W. Michigan Street, Indianapolis 7.
- St. Jude Hospital.—Fullerton 2nd Annual Postgraduate Assembly. October 27 and 28. St. Jude Hospital. Contact: B. L. Tesman, M.D., chairman, St. Jude Hospital, Fullerton.
- AMERICAN SCHOOL HEALTH ASSOCIATION, San Francisco.
 October 30 through November 4. Contact: A. O. De-Weese, M.D., executive secretary, 515 E. Main St., Kent, Ohio.
- AMERICAN PUBLIC HEALTH ASSOCIATION, San Francisco.
 October 31 through November 4. Contact: Berwyn F.
 Mattison, M.D., executive director, 1790 Broadway, New
 York 19.

NOVEMBER MEETINGS

- SAN DIEGO COUNTY GENERAL HOSPITAL 14th Annual Postgraduate Assembly. Wednesday and Thursday, November 2 and 3. San Diego County General Hospital, North End of Front Street, San Diego. Contact: Frank H. Carter, M.D., chairman, 2001 Fourth Avenue, San Diego 1.
- AMERICAN SOCIETY OF TROPICAL MEDICINE AND HYGIENE. Biltmore Hotel, Los Angeles. November 2 through 5. Contact: Rolla B. Hill, M.D., executive secretary, 3575 St. Gaudens Rd., Miami 33, Florida.
- California Conference of Local Health Officers Fall Meeting, November 15 and 16. State Department of Public Health, 2151 Berkeley Way, Berkeley 4. Contact: State Department of Public Health, Berkeley.

1961 MEETINGS

- COLLEGE OF MEDICAL EVANGELISTS Annual Alumni Postgraduate Convention. Scientific Assembly, Ambassador Hotel, March 14, 15 and 16. Contact: F. Harriman Jones, M.D., general chairman, College of Medical Evangelists, 316 North Bailey Street, Los Angeles 33.
- California Medical Association Annual Meeting, Ambassador Hotel, Los Angeles. April 30 through May 3. Contact: John Hunton, executive secretary, 693 Sutter Street, San Francisco 2; or Ed Clancy, director of public relations, 2975 Wilshire Blvd., Los Angeles 5.

The first specific aldosterone-blocking agent...

ALDACTONE

effectively extends the medical control of edema or ascites. It introduces a new therapeutic principle in the treatment of...

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ALDACTONE introduces a new class of therapeutic agent, the aldosterone-blocking agent providing:

satisfactory relief of resistant or advanced edema even when all other agents, alone or in combination, are ineffective or are only partially effective.

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ALDACTONE acts by blocking the effect of aldosterone, the principal mineralocorticoid governing the reabsorption of sodium and water in the distal segment of the renal tubules.

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It is fully expected that Aldactone will change present medical concepts of the therapeutic limitations of managing edema. Many patients living in a greater or lesser state of edematous invalidism can now be edema-free. To others, gravely ill, Aldactone will be life-saving. When used alone, Aldactone will produce a satisfactory diuresis in about half of those patients whose edema is resistant to conventional diuretic agents.

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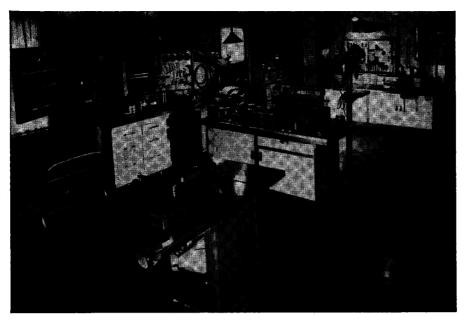
DOSAGE: For most adult patients the optimal dosage of Aldactone, brand of spironolactone, is 100 mg. four times daily. Aldactone should be administered for at least four or five days before appraising the initial response, since the onset of therapeutic effect is gradual when it is used alone. Aldactone manifests accelerated activity with greater response as early as the first and second days when used in combination with a mercurial or thiazide diuretic.

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Research in the Service of Medicine



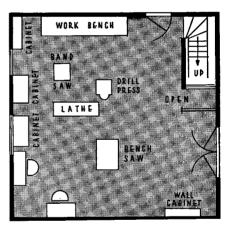
The layout of this modern, home workshop provides maximum working area around each piece of equipment, with minimal use of floor space. The tool lineup includes wood and metal lathes, a table saw, band saw, drill press and a complete assortment of hand tools.

How to Tool up for Leisure

Here's how one Westerner used careful planning and selection in tooling up for more leisure. Whether your favorite leisuretime activity is building or boating, Hi-Fi or horticulture, you'll have more opportunity to enjoy it if you earn the financial rewards of a well planned program of investing in sound securities.

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We can't give you samples but we would like you to sample our service. If you have an investment problem, question, a "worry stock," or if you'd like an objective opinion of securities you own or would like to buy, write a letter to any of our 28 Western offices. Look for our trademark under "Brokers" in your classified telephone directory. Address your inquiry to Dept. M and refer to California Medicine offer. There's no obligation for this sampling of our service.



Although well equipped with a wide assortment of hand and power tools, the most interesting feature of this fine workshop is efficiency of layout — the result of careful planning.

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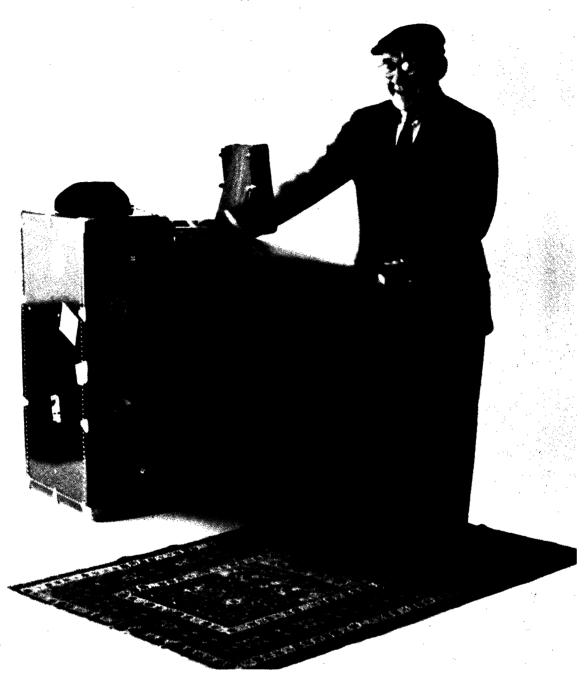
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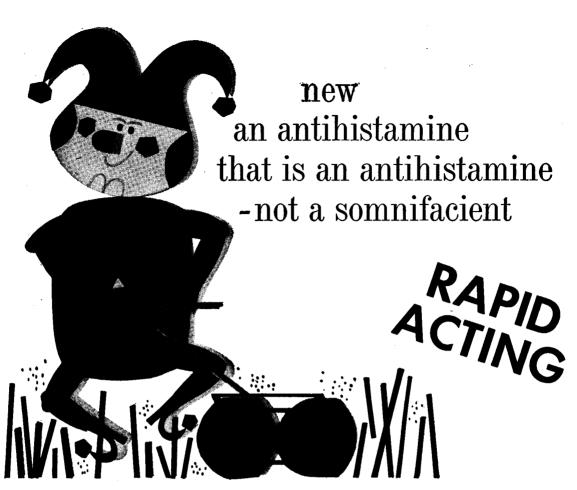


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Recent JAMA editorial statement clarifies the current controversy about dietary fats

Excerpted from the March 12, 1960, issue of The Journal of The American Medical Association:

66 It is accepted generally that specific alteration in the diet will lower the concentration of cholesterol in the blood. The most effective results to date have been achieved by increasing consumption of polyunsaturated fatty acids, particularly linoleic acid. However, indefinitive and conflicting information has left much to the imagination of some food processors. Some of the largest vegetable oil processors in the United States have implied in advertisements that the cholesterol level can be lowered merely by adding polyunsaturated fatty acids to the diet. This selling campaign has created confusion among lay people, making it increasingly important that the physician clarify for his patients the conditions under which changes in the diet will be effective.

The patient should understand that if he increases his consumption of polyunsaturated fatty acids without reducing his intake of other fats, little is gained save for additional calories which could lead to obesity. A particular regimen will be effective only if polyunsaturated fatty acids are responsible for an appreciable percentage of the total fat calories. That is, they must replace rather than supplement some of the saturated fats and oils already in the diet.

Some manufacturers cite the "iodine number" of a fat or oil as evidence of the

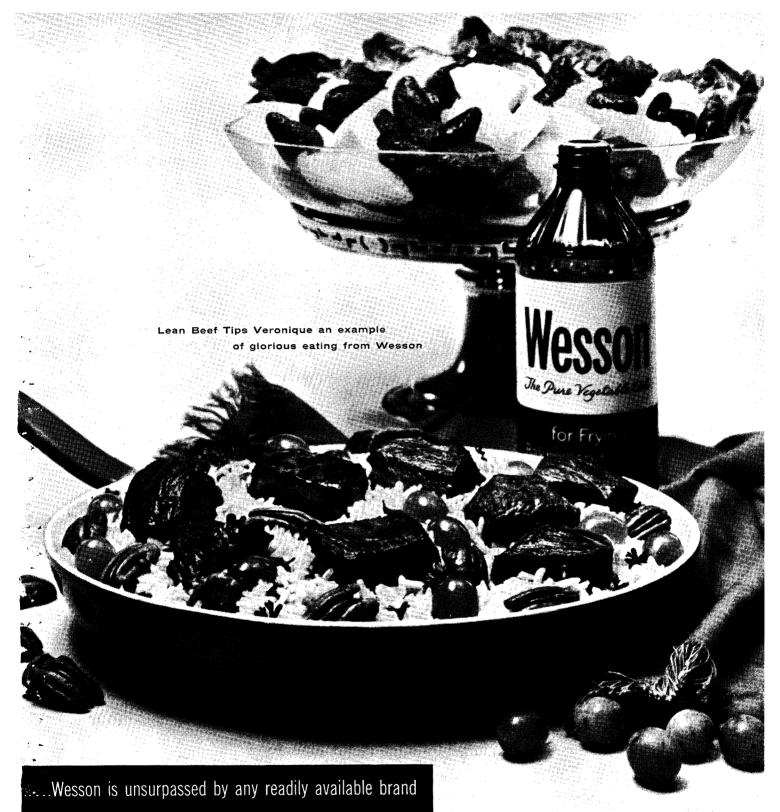
unsaturated fatty acid content of their product. This number is not a reliable indicator of therapeutic value because it measures monounsaturated and polyunsaturated fattyacid content at the same time. A monounsaturated acid, like oleic, takes up two iodine atoms but does not affect the cholesterol concentration of the blood. A polyunsaturated acid, like linoleic, takes up four iodine atoms. In a product containing large amounts of oleic acid and small amounts of linoleic acid, the iodine number is nearly the same as it would be for a product containing little oleic acid and a modest amount of linoleic acid. Cottonseed oil has an iodine number of 110 and corn oil a number of 127; yet they each have about the same amount of linoleic acid.

Low-fat diets will not reduce the concentration of circulating cholesterol and lipoproteins as effectively as will diets containing an adequate percentage of polyunsaturated fatty acids. Weight-reduction regimens are basically low in fat, and if a lowered cholesterol level is necessary, plan-

lowered cholesterol level is necessary, planning must be done to maintain the proper ratio of saturated to unsaturated fats.

Herbert Pollack, M.D. Associate Professor of Clinical Medicine Postgraduate Medical School New York University, New York

"



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a mustache is to wear on Halloween



dogs are to kiss people



a face is something to have on the front of your head



REDISOL is so kids have better appetites

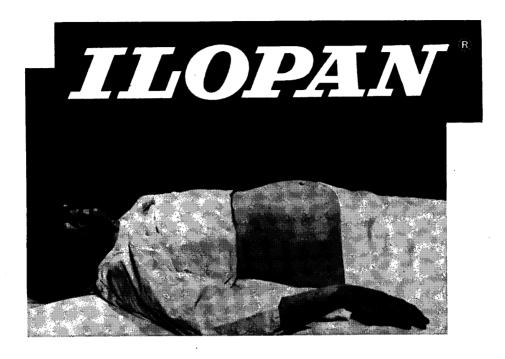
Redisol (Cyanocobalamin, crystalline vitamin B₁₂) often stimulates children's appetites with consequent weight gain. Tiny Redisol Tablets (25, 50, 100, 250 mcg.) dissolve instantly in the mouth, on food or in liquids.

Also available: cherry-flavored Redisol Elixir (5 mcg. per 5-cc. teaspoonful); Redisol Injectable, cyanocobalamin injection USP (30 and 100 mcg. per cc., 10-cc. vials and 1000 mcg. per cc. in 1, 5 and 10-cc. vials).

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For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.





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- Kareha, L. G., de Quevedo, N. G., Tighe, P., Kehrli, H. J., "Evaluation of Ilopan in Postoperative Abdominal Distention," Western J. Surg. Obs. & Gyn., 66: 220, 1958
- Stone, M. L., Schlussel, S., Silberman, E., Mersheimer, W. L., "The Prophylaxsis and Treatment of Postpartum and Postoperative Ileus with Pantothenyl Alcohol," Amer. J. Surgery, 97:191, 1958

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"In many instances its effect has been dramatic and life saving . . .""."

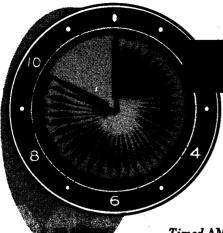
"Six of the patients who survived were considered to be terminally ill at the time kanamycin was started but showed dramatic improvement and eventual complete transfer of the complete transfer of

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SUSTAINED THERAPY

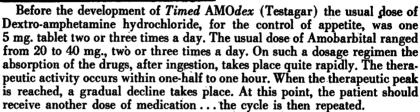
ONE and only ONE

PER DAY will economically

control appetite in weight reduction or relieve the nervous symptoms of anxiety and the underlying depression.

Timed AMOdex CAPSULES (Testagar) furnish a controlled uniform action. The medications provide prolonged, continuous therapeutic effect from active ingredients over a period of 6 to 10 hours.

Following ingestion of one *Timed AMOdex CAPSULE*, small amounts of the medication are released immediately.



Patients frequently fail to follow the physician's instructions. They take medication at irregular intervals. When this occurs with drugs such as dextro-amphetamine sulfate, phosphate or hydrochloride, excitation may result. A balanced combination of Dextro-amphetamine hydrochloride, the preferred salt, plus a balanced daily dose of Amobarbital will give the expected therapeutic results without excitation.

Timed AMOdex, after ingestion, releases Dextro-amphetamine Hydrochloride and Amobarbital steadily and uniformly over a period of 6 to 10 hours. Therefore, the physician may dispense with the usual dosage schedule thereby attaining better control of therapy. The patient will receive the benefits of even and sustained therapeutic effects. Side reactions such as anxiety and excitation are greatly minimized.

Timed AMOdex CAPSULES (Testagar) supply the antidepressant and mood-elevating effects of Dextro-amphetamine hydrochloride and the calming action of Amobarbital. Timed AMOdex elevates the mood, relieves nervous tension, restores emotional stability and the capacity for mental and physical effort.

Timed AMOdex is the preferred treatment in anxiety states and in the management of obesity. Timed AMOdex may also be used in the treatment of Depressive states, Alcoholism, Nausea and Vomiting of Pregnancy.

The Daily Dose of Timed AMOdex (Testagar) IS ONE CAP-

SULE ON ARISING OR AT BREAKFAST.

Bottles of 100 and 1000 capsules, available at all pharmacies. Also supplied in half strength as *Timed AMOdex*, Jr.

Timed AMOdex CAPSULES are manufactured under these patent numbers: 2,736,682 - 2,809,916 2,809,917 - 2,809,918 Which provide prolonged, continuous therapeutic effect over a period of 6-10 hours

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Rela is most useful in the areas where narcotic analgesics are unwarranted and where salicylates are inadequate. Its muscle-relaxant properties are dependable yet significantly free of the limitations or problems often associated with other relaxants.

Rela relaxes acute muscle spasm. Relief of muscle spasm (excellent to good effectiveness in the majority of patients).

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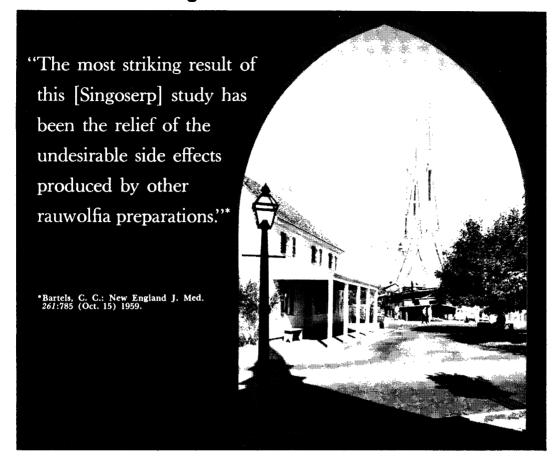


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results you can confirm in your practice:

"In 24 cases syrosingopine was substituted for the rauwolfia product because of 26 troublesome side effects; these symptoms were relieved in all but 3 patients."*

Side Effects	Incidence with Prior Rauwolfia Agent	Incidence with Singoserp
Depression	11	1
Lethargy or fatigue	5	0
Nasal congestion	7	0
Gastrointestinal disturbances	2	2
Conjunctivitis	1	0

(Adapted from Bartels*)

many hypertensive patients prefer

(syrosingopine CIBA)

because it lowers their blood pressure without rauwolfia side effects

Tablets, 1 mg. (white, scored); bottles of 100.

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In Simple Obesity Preludin produces 2 to 5 times the weight loss achievable by dietary instruction alone. 1,2

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Patients taking Preludin usually experience a mild elevation of mood conducive to an optimistic and cooperative attitude, thereby counteracting the lassitude otherwise resulting from a reduced caloric intake. Thus, consistent weight loss over a prolonged period becomes more assured.

Preludin® Endurets, T.M. brand of phenmetrazine hydrochloride: prolonged-action tablets of 75 mg. for once daily administration; and scored, square, pink tablets of 25 mg for b.i.d. or t.i.d. administration.

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(1) Barnes, R. H.: J. A. M. A. 166:898, 1958. (2) Ressler, C.: J. A. M. A. 165:135, 1957. (3) Birnberg, C. H., and Abitbol, M. M.: Obst. & Gyncc. 11:463, 1958. (4) Robillard, R.: Canad. M. A. J. 76:938, 1957.

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BAXTER
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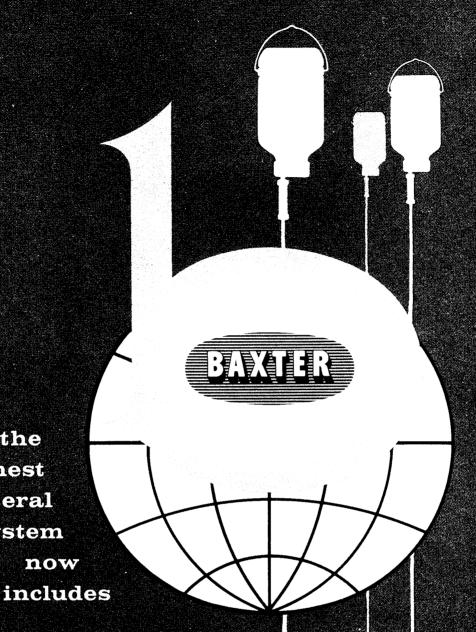
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*References: Maxwell, M. H., et al: Peritoneal Dialysis: 1. Techniques and Applications, J. A. M. A. 170:917 (June 20) 1959.

Doolan, P. D., et al: An Evaluation of Intermittent Peritoneal Lavage, Am. J. Med., 26:831 (June) 1959.



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* Each 100 ml. contains: AMIGEN (enzymatic casein hydrolysate supplying amino acids and small peptides) ... 5.0 Gm. DEXTROSE, U.S.P.... 5.0 Gm. Water for injection, U.S.P.... q.s.

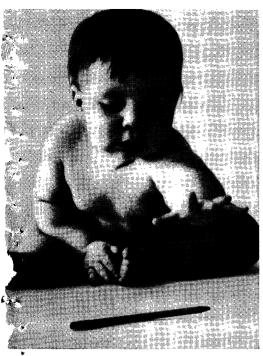
in senile agitation, Thorazine®,

one of the fundamental drugs in medicine, can control the agitated, belligerent patient and help her live a composed and useful life.



Available: Tablets, 10 mg., 25 mg., 50 mg., 100 mg. and 200 mg.; Ampuls, 1 cc. and 2 cc. (25 mg./cc.); Multiple dose vials, 10 cc. (25 mg./cc.); Spansule® capsules, 30 mg., 75 mg., 150 mg., 200 mg. and 300 mg.; Suppositories, 25 mg. and 100 mg.; Syrup, 10 mg. per 5 cc. teaspoonful.

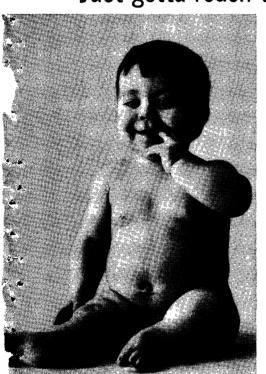
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Just gotta reach that pencil...there...I'm so big. What can







I grab now? Here's my VI-PENTA...why won't she give me more!

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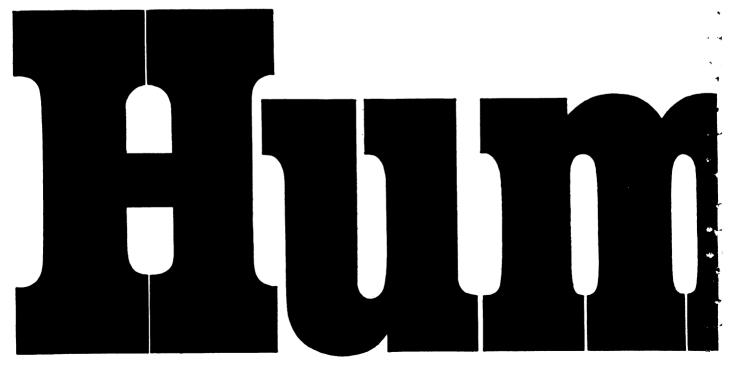
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WITH EFFECTIVE ANTIBACTERIAL & ANTIAMEBIC ACTIONS "THE FORTUNATE COMBINATION OF HIGH ANTIAMEBIC AND ANTIBACTERIAL ACTIVITY AND LOW ORAL TOXICITY MAKES PAROMOMYCIN UNIQUE AMONG THE AVAILABLE DRUGS AND SUGGESTS THAT IT SHOULD BE A USEFUL THERAPEUTIC SUBSTANCE." OF THE PROPERTY OF THE

IN INFECTIOUS DIARRHEAS²⁻⁵ Because it is effective against gram-negative pathogens, HUMATIN has proved especially valuable in infectious diarrheas, most of which are caused by bacilli of the gram-negative group. In 221 patients with severe diarrhea, 85 per cent obtained rapid remission of symptoms with HUMATIN, and stools cleared quickly of pathogens.² Results in *Shigella* and *Salmonella* enteritis,⁵ and in infantile diarrheas of mixed etiology³ have been uniformly good.

IN INTESTINAL AMEBIASIS^{2,5-8} HUMATIN is unusually effective in clearing all phases of intestinal amebiasis;⁵ to date, more than 700 patients have been treated successfully with HUMATIN in all parts of the world. Since HUMATIN is not appreciably absorbed from the gastrointestinal tract it is not effective against extraintestinal forms of amebiasis.



ALSO VALUABLE IN THE PREOPERATIVE SUPPRESSION OF INTESTINAL FLORA, AND IN THE ADJUNCTIVE MANAGEMENT OF HEPATIC COMA 9-11

ADMINISTRATION AND DOSAGE

(expressed in terms of base)

Condition	Dosage (daily, in divided doses)	Duration of Therapy
Infectious Diarrheas (bacillary and nonspecific)	Adults: 35 to 50 mg/Kg; up to 100 mg/Kg in severe cases.	Up to 7 days
• • •	Children: 50 mg/Kg; up to 100 mg/Kg in severe cases.	Up to 7 days
Intestinal Amebiasis (acute, subacute, chronic)	Adults: 0.75 to 1.5 Gm.; larger doses when required.	5 days
	Children: 22 mg/Kg; larger doses when required.	5 days
Preoperative Suppression of Intestinal Flora	Adults: 2 Gm.	4 days
Hepatic Coma	Adults: up to 6 Gm., depending on degree of hepatic insufficiency and response of patient.	See literature

SIDE EFFECTS: Since HUMATIN by the oral route is virtually nonabsorbed in the gastrointestinal tract, even with exceptionally high doses, systemic toxicity has not been a problem in clinical use.^{2,3,5-8} However, when doses in excess of 2 Gm. per day are given for more than three days, loose stools may develop; on doses of from 4 to 6 Gm. daily,

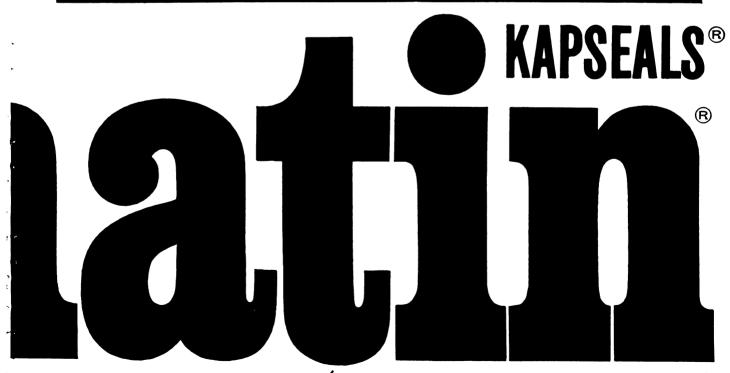
moderately severe diarrhea has been reported in some patients. No other indications of toxicity have been observed.

SUPPLIED: HUMATIN (paromomycin, Parke-Davis) is available as the sulfate in Kapseals,[®] each containing 250 mg. of base, in bottles of 16. Literature supplying details of dosage and administration available on request.

REFERENCES: (1) Coffey, G. L., et al.: Antibiotics & Chemother. 9:730, 1959. (2) Personal Communications to the Department of Clinical Investigation, Parke, Davis & Company, 1959. (3) Godenne, G. D.: Paromomycin in diarrheas of infants and children, Antibiotics Annual 1959-1960, New York, Medical Encyclopedia Inc., in press. (4) McMath, W. F. T., & Hussain, K. K.: Pub. Health 73:328, 1959. (5) Courtney, K. O., & Thompson, P. E.: Paromomycin as a therapeutic substance for intestinal amebiasis and bacterial enteritis, Antibiotics Annual 1959-1960, New York, Medical Encyclopedia Inc., in press. (6) Shafei, A. Z.: Antibiotic Med. & Clin. Therapy 6:275, 1959. (7) Elias, F. L., & Oliver-Gonzales, J.: Antibiotic Med. & Clin. Therapy 6:584, 1959. (8) Carter, C. H.: Antibiotic Med. & Clin. Therapy 6:586, 1959. (9) Fast, B. B., et al.: Arch. Int. Med. 101:467, 1958. (10) Mackie, J. E., et al.: New England J. Med. 259:1151, 1958. (11) Stormont, J. M., et al.: New England J. Med. 259:1145, 1958.

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anticholinergic **KEEPS** THE STOMACH FREE OF PAIN

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Milpath acts quickly to suppress hypermotility, hypersecretion, pain and spasm, and to allay anxiety and tension with minimal side effects.

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POTENCIES:

Milpath-400 - Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

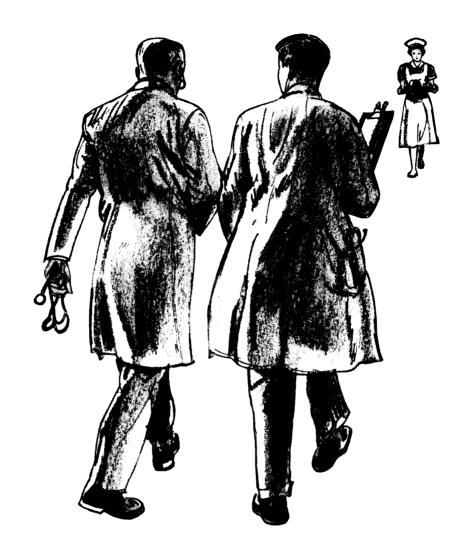
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"... Well, I always prescribe Rorer's Maalox. It's an excellent antacid, doesn't constipate and patients will take it indefinitely."

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new chemically improved penicillin which provides the highest blood levels that are obtainable with oral penicillin

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As a pioneer and leader in penicillin therapy for more than a decade, Squibb is pleased to make Chemipen, a new chemically improved oral penicillin, available for clinical use.

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Extreme solubility may contribute to the higher blood levels that are so notable with Chemipen.* Equally notable is the remarkable resistance to acid decomposition (Chemipen is stable at 37°C. at pH 2 to pH 3), which in turn makes possible the convenience of oral treatment.

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*Knudsen, E. T., and Rolinson, G. N.: Lancet 2:1105 (Dec.19) 1959. *** SAUGE TRADELMARK

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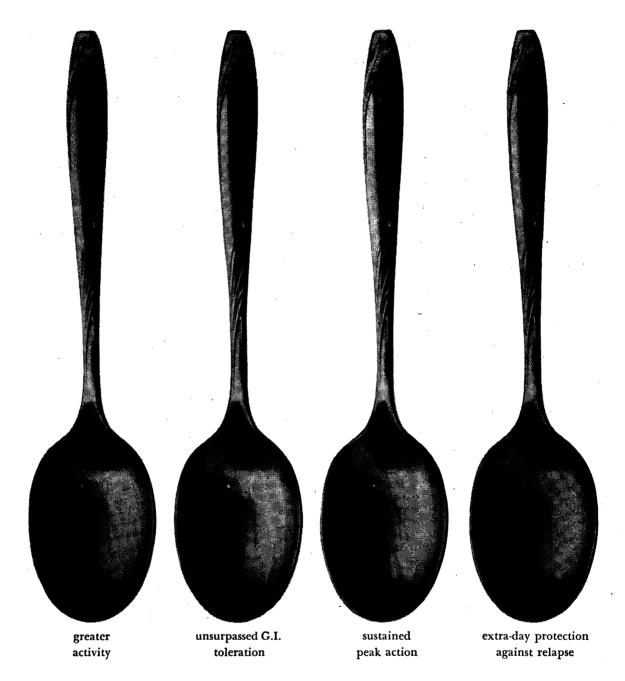
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(Continued on Page 91)



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75 mg./5 cc. tsp., in 2 fl. oz. bottle-3-6 mg. per lb. daily in four divided doses

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Lifts depression...



as it calms anxiety!

Smooth, balanced action lifts depression as it calms anxiety... rapidly and safely

Balances the mood—no "seesaw" effect of amphetamine-barbiturates and energizers. While amphetamines and energizers may stimulate the patient—they often aggravate anxiety and tension.

And although amphetamine-barbiturate combinations may counteract excessive stimulation—they often deepen depression.

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Acts swiftly—the patient often feels better, sleeps better, within a few days. Unlike the delayed action of most other antidepressant drugs, which may take two to six weeks to bring results, Deprol relieves the patient quickly—often within a few days. Thus, the expense to the patient of long-term drug therapy can be avoided.

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Bibliography (13 clinical studies, 858 patients): 1. Alexander, L. (35 patients): Chemotherapy of depression - Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride, J.A.M.A. 166:1019, March 1, 1958. 2. Bateman, J. C. and Carlton, H. N. (50 patients): Meprobamate and benactyzine hydrochloride (Deprol) as adjunctive therapy for patients with advanced cancer. Antibiotic Med. & Clin. Therapy 6:648, Nov. 1959. 3. Beerman, H. M. (44 patients): The treatment of depression with meprobamate and benactyzine hydrochloride. Western Med. 1:10, March 1960. 4. Bell, J. L., Tauber, H., Santy, A. and Pulito, F. (77 patients): Treatment of depressive states in office practice. Dis. Nerv. System 20:263, June 1959. **5.** Breitner, C. (31 patients): On mental depressions. Dis. Nerv. System 20:142, (Section Two), May 1959. **6.** Gordon, P. E. (50 patients): Deprol in the treatment of depression. Dis. Nerv. System 21:215, April 1960. 7. Landman, M. E. (50 patients): Clinical trial of a new antidepressive agent. J. M. Soc. New Jersey. In press, 1960. 8. McClure, C. W., Papas, P. N., Speare, G. S., Palmer, E., Slattery, J. J., Konefal, S. H., Henken, B. S., Wood, C. A. and Ceresia, G. B. (128 patients): Treatment of depression - New technics and therapy. Am. Pract. & Digest Treat. 10:1525, Sept. 1959. 9. Pennington, V. M. (135 patients): Meprobamate-benactyzine (Deprol) in the treatment of chronic brain syndrome, schizophrenia and senility. J. Am. Geriatrics Soc. 7.656, Aug. 1959. 10. Rickels, K. and Ewing, J. H. (35 patients): Deprol in depressive conditions. Dis. Nerv. System 20:364, (Section One), Aug. 1959. 11. Ruchwarger, A. (87 patients): Use of Deprol (meprobamate combined with benactyzine hydrochloride) in the office treatment of depression. M. Ann. District of Columbia 28:438, Aug. 1959. 12. Settel, E. (52 patients): Treatment of depression in the elderly with a meprobamate-benactyzine hydrochloride combination. Antibiotic Med. & Clin. Therapy 7:28, Jan. 1960. 13. Splitter, S. R. (84 patients): Treatment of the anxious patient in general practice. J. Clin. & Exper. Psychopath. In press, April-June 1960.

^Deprol*

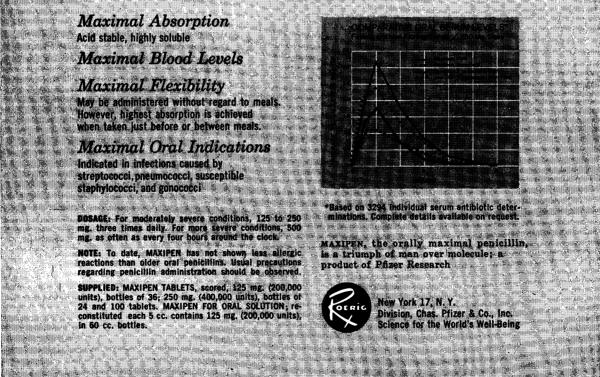
Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate. Supplied: Bottles of 50 light-pink, scored tablets. Write for literature and samples.



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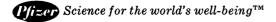
Now you can treat the underlying cause of many imaginary ills

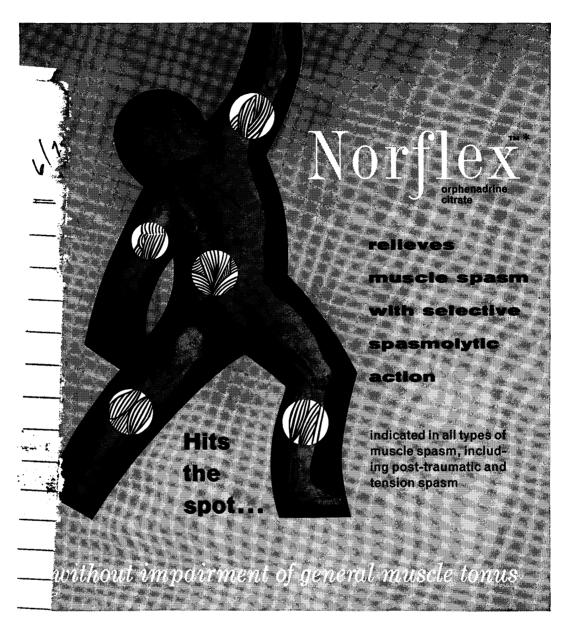
When ills turn out to be imaginary, depression usually is the cause of annoying symptoms. In many such instances, NIAMID can raise the patient's spirits, free her from the doldrums of imaginary disease, and renew her interest in friends and family.

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An exceptionally well tolerated antidepressant—more than 500,000 prescriptions in many clinical conditions—more than 90 published papers.

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Restores mobility quickly and relieves associated pain by prompt relaxation of only the muscle in spasm. Prolonged action and potency provide all-day and allnight benefits...permitting uninterrupted sleep...facilitating rehabilitation.



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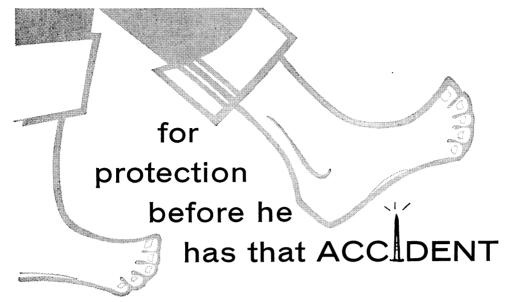
for all adults regardless of age, sex, or weight: 1 tablet (100 mg.) b.i.d.—easily remembered... offering better patient cooperation.



for prompt, safe spasmolytic action

*Trademark U.S. Patent No. 2,567,351. Other patents pending. Northridge, California

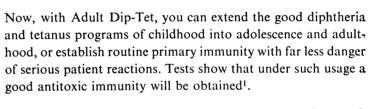




immunize with

Adult DIP-TET Alhydrox®

DIPHTHERIA-TETANUS TOXOIDS COMBINED



Reduction of reactivity in Adult Dip-Tet is achieved through extreme purification of the toxoids (particularly the diphtheria toxoid) which reduces their volume, and through their adsorption on Alhydrox (aluminum hydroxide) which slows absorption. Developed and used by the armed forces since 1955, this type of vaccine is specifically recommended for children over 8 years of age, teenagers and adults.

DIPHTHERIA AND TETANUS PROTECTION FOR ALL YOUR PATIENTS FROM 8 TO 80 WITH FAR LESS DANGER OF SERIOUS REACTIONS

1. Graham, B. S., et al. J.A.M.A. 166:1586, 1958.

For complete information see PDR page 664, Ask Your Cutter Man or write to Dept. O-5F



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